

Grant Application

Department of Criminal Justice Services, 805 East Broad Street, Richmond, Virginia 23219

Grant Program:			
Applicant:			
Applicant Federal ID Number:			
Jurisdiction(s) Served:			
Program Title:			
Grant Period:			
Type of Application:	<input type="checkbox"/> New <input type="checkbox"/> Continuation of Grant Number: _____ <input type="checkbox"/> Revision of Grant Number: _____		
Project Director		Project Administrator	Finance Officer
Name:			
Title:			
Address:			
Phone:			
Fax:			
E-mail:			
Signature of Project Administrator:			
Brief Project Description:			
Project Budget Summary		DCJS Funds	
	Federal	General	Match
Personnel	\$	\$	\$
Consultants	\$	\$	\$
Travel/Subsistence	\$	\$	\$
Equipment	\$	\$	\$
Indirect Costs	\$	\$	\$
Supplies/Other Operating Expenses	\$	\$	\$
Totals:	\$	\$	\$
Grand Total: \$			